***Agency Letterhead***

***Job Preparation Services Report***

**CLIENT NAME:** Click here to enter text.**\_\_\_\_\_ AUTHORIZATION # \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPECIALIST:** Click here to enter text.**\_\_\_\_\_\_\_ PHONE:** Click here to enter text.

**REPORT DATE:** Click or tap to enter a date.

**ORS COUNSELOR:** Click here to enter text.

**Dates of Participation:** From:Click or tap to enter a date. To: Click or tap to enter a date.

**Hours per Day:** Choose an item. **Days per Week:** Choose an item.

**Please list and explain any absences:** Click here to enter text.

**I. Structured Program:**

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| **Areas Addressed** | **What support is required?**  **Please click on dropdown menu to select your answer** | **State the specific support to be provided. i.e. (task list, left handed key board, coworker replenish work, etc.)** |
| **Job Seeking Skills** Create resume:  Upload resume: Complete a paper application:  Search internet for jobs:  Use a variety of search engine sites:  Complete online application:  Create Cover Letter:  Create Thank You letter: | Click here for dropdown menu Click here for dropdown menu Click here for dropdown menu  Click here for dropdown menu  Click here for dropdown menu  Click here for dropdown menu  Click here for dropdown menu  Click here for dropdown menu | Click here to enter text.**.**  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |
| **Areas Addressed** | **What support is required? Please click on dropdown menu to select your answer** | **State the specific support to be provided. i.e. (task list, left handed key board, coworker replenish work, etc.)** |
| Client’s use of Voicemail**/Social** Media  Check voicemail?  Check email? | Click here for dropdown menu  Click here for dropdown menu | Click here to enter text.Click here to enter text. |
| Is email address appropriate?  Is voicemail message appropriate?  Is social media profile appropriate?  Are social media privacy settings set? | Click here for dropdown menu  Click here for dropdown menu  Click here for dropdown menu  Click here for dropdown menu | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |
| **Interviewing Skills**  **Did the client:**  Complete a mock interview?  Complete an interview in the community?  Answer all interview questions appropriately?  Did client use appropriate language? | Click here for dropdown menu  Click here for dropdown menu  Click here for dropdown menu  Click here for dropdown menu | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |
| **Areas Addressed** | **Please click on dropdown menu to select your answer** | **State the specific support to be provided. i.e. (task list, left handed key board, coworker replenish work, etc.)** |
| **Appearance/Hygiene**  Does the client have interview clothing?  Is appearance/hygiene  work appropriate?  Did client dress appropriately for interview? | Click here for dropdown menu  Click here for dropdown menu    Click here for dropdown menu | Click here to enter text.  Click here to enter text.   Click here to enter text. |
| **Barriers to Employment**  **Does client have a**  Work history?  Misdemeanor/Felony history?  Reliable form of Transportation?  Other barriers? | **Is this a barrier?**  Click here for dropdown menu   Click here for dropdown menu  Click here for dropdown menu  Click here for dropdown menu | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |
| **Interpersonal Skills**  Needs Redirection?  Gets along w/others?  **Communication:**  Is client*:*  Able to speak coherently?  Able to utilize scripts if needed?  Are prompts required?  Is communication business-appropriate? | Click here for dropdown box  Click here for dropdown box  Click here for dropdown box  Click here for dropdown box  Click here for dropdown box  Click here for dropdown box | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. |
| **Areas Addressed** | **Please click on dropdown menu to select your answer** | **State the specific support to be provided. i.e. (task list, left handed key board, coworker replenish work, etc.)** |
| **Classroom**  Did the client participate?  Was client on time for class?  Did the client stay for entire class?  Did client overshare personal information?  Did client miss any classes?  Was client able to follow directions?  Does client require assistive technology?  Did client require one-on-one support?  How many participants were in class? | Click here for Dropdown box  Click here for Dropdown box  Click here for Dropdown box  Click here for Dropdown box  Click here for Dropdown box  Click here for Dropdown box  Click here for Dropdown box  Click here for Dropdown box | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.Click here to enter text.Click here to enter text.  Click here to enter text.  Click here to enter text. |

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| **Areas of Strength:** | Click here to enter text. |
| **Areas that need improvement:** | Click here to enter text. |

**II. Job Preparation Findings: (Please explain any barriers that remain and note what specific strategies will be implemented.)**

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| Click here to enter text. |

**III. Recommendations: (Next steps toward employment goal. List next service needed based on performance and justification.)**

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**Please be sure to attach copies of client’s cover letter, resume, and thank-you letter.**

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| Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ORS Counselor: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |